

**Examining the Relationship Between Treatment Climate and Compliance:
The Importance of Alliance and Cohesion**

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Research on the treatment and community supervision for individuals convicted of a sexual offense (ICSO) have yielded varied and small to moderate outcomes (Beech & Fordham, 1997; Buttars, Huss, & Brack, 2016; Drapeau, 2005; Gannon et al., 2019; Jennings & Deming, 2017; Kim, Benekos, & Merlo, 2016; Lussier & Gress, 2014; Marshall & Marshall, 2017; Marshall, et al., 2013; Schmucker & Losel, 2015). Though we currently have positive evidence for specialized treatment and supervision for ICSO, there remains significant room for improvement by increasing the magnitude of effect. Several researchers have identified important variables found effective in general treatment that have largely been ignored in the rehabilitation of individuals who have sexually offended. For example, the general treatment effectiveness literature reports solid evidence of the importance of the therapeutic relationship, therapist characteristics, and group cohesion, but little research has examined the effect of these variables in the treatment of ICSO (Frost, Ware, & Boer; Jennings & Deming, 2017; Marshall et al., 2003). The few researchers that have examined these therapeutic factors in the treatment of ICSO have found significant relationships with recidivism and variables linked to recidivism, such as cognitive distortions (Beech & Fordham, 1997; Jennings & Deming, 2017; Marshall et al., 2002; Marshall, 2005; Marshall & Burton, 2010; Marshall et al., 2013). These findings suggest that we may be able to increase the effect size of treatment with ICSO if we pay attention to and increase the use of these general curative factors.

The current study measures how the therapeutic climate in treatment programs with ICSO affect treatment progress and probation compliance in a sample of 209 males serving a probated sentence for a sexual offense and mandated to participate in specialized treatment. Ages of the participants ranged from 17 to 76 years, with an average age of 33 years. The majority of the sample was White (73%), and had an offense against a child. Therapeutic climate was assessed using a developed scale (supervision officer version) comprised of items pertaining to therapist style and leadership, group cohesion, and the focus of the treatment program. Several items on each subscale asked supervision officers of how their clients reported their relationship to the therapist, therapist characteristics, relationship with other group members, and the focus of therapeutic work of their specific program (e.g., controlling deviant arousal; risk variables; protective variables, etc.). Initial reliability of the scale was excellent (20 items; $\alpha = .96$), with the three subscales of therapist style, group cohesion, and treatment program focus were very good ($\alpha = .92, .87, \text{ and } .93$, respectively).

Study participants in one of the two treatment programs, differing in climate scores, were compared on treatment progress and probation compliance variables. Treatment progress variables included such variables as overall progress, providing feedback to other group members, and therapist ratings on empathy development. Initial results indicate that ICSO receiving treatment in a program with higher overall scores on the climate survey (positive) had significantly more treatment progress, higher ratings of empathy, provided more feedback to other group members, and were significantly more compliant with treatment and community supervision rules. Each subscale (therapeutic alliance, group cohesiveness, and positive treatment focus) on the

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treatment climate survey was significantly related to positive outcomes, though in different magnitudes. Additional findings will be presented.

The results of the study further validate the importance of assessing and developing a positive therapeutic relationship, group cohesion, and a positive focus of treatment in the rehabilitation and supervision of ICSO. The specific implications of the study will be discussed and references provided.

Dr. Holly A. Miller is a Professor in the College of Criminal Justice at Sam Houston State University. She obtained her Ph.D. in Forensic Clinical Psychology from Florida State University in 1999. Her primary area of research, teaching, and practice is the assessment, treatment, and supervision of individuals who have sexually offended. Dr. Miller is part of several collaborations with treatment providers and community supervision agencies to improve the effectiveness of the criminal justice response to sexual offending. She has published two forensic assessment measures that are used across the United States, the Miller Forensic Assessment of Symptoms Test (M-FAST) and the Inventory of Offender Risk, Needs, and Strengths (IORNS). Dr. Miller has published over 50 peer-reviewed manuscripts in the areas of risk assessment, males and females who sexually offend, and the relationship between pornography use and sexual aggression. She has published works in such journals as *Criminal Justice and Behavior*, *Sexual Abuse, Violence and Victims*, and the *Journal of Interpersonal Violence*.

Abigail Eck currently holds licenses as an LPA and ASOTP while working as a sex offender treatment provider for male parolees in a transitional center. In addition, she provides individual therapy and conducts psychological assessments for a non-forensic community population. Abigail attended Sam Houston State University where she earned her Master's in Clinical Psychology. As a practicum student, Abigail served as an intern serving the sexual offender population conducting intakes and co-leading group therapy. For her undergraduate degree, she earned her bachelor's degree in Mathematics and Psychology graduated from Stephen F. Austin State University.